

LAW OFFICE OF FRANK SORRENTINO
FRANK SORRENTINO, ESQ.
Nevada Bar No.: 000421
ANTHONY V. SORRENTINO, ESQ.
Nevada Bar No.: 000420
1118 East Carson Avenue
Las Vegas, Nevada 89101
(702) 384-6824
Attorney for Debtor

E-Filed On: 12-03-2009

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

In Re

HELEN L. BRITTON aka
HELEN L. MURPHY (Deceased)

Debtor

Case No.: BK-S-09-25973-LBR
Chapter 7

DATE: N/A
TIME: N/A

SUGGESTION OF DEATH UPON THE RECORD

TO: THE CLERK OF THE UNITED STATES BANKRUPTCY COURT, THE
DEBTORS, THE TRUSTEE, AND TO ALL PARTIES OF INTEREST

PLEASE TAKE NOTICE that the LAW OFFICE OF FRANK SORRENTINO,
Attorneys for Debtor, HELEN L. BRITTON (Deceased), notifies the Court and the
Trustee, YVETTE WEINSTEIN, of the death of the Debtor, HELEN L. BRITTON, on
October 5th, 2009, as shown by a copy of her death certificate which is attached hereto,
and enters this Suggestion of Death Upon the Record.

DATED this 3rd day of December, 2009.

LAW OFFICE OF FRANK SORRENTINO

/s/ Anthony Sorrentino

By:

ANTHONY SORRENTINO, ESQ.
Nevada Bar # 000420
1118 East Carson Avenue
Las Vegas, Nevada 89101
Attorney for Debtor

DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2009014456

STATE FILE NUMBER

1. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Helen Louise BRITTON		2. DATE OF DEATH (Mo/Day/Year) October 05, 2009		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) University Medical Center		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
5. RACE (Specify) Black		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 81	
9a. STATE OF BIRTH (If not U.S.A., name country) Alabama		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. SOCIAL SECURITY NUMBER 542-62-4150		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 1304 Riverside Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN U.S. Armed Forces? No	
18. FATHER - NAME (First Middle Last Suffix) James JOHNSON		17. MOTHER - NAME (First Middle Last Suffix) Fannie Lee ROBINSON			
18a. INFORMANT - NAME (Type or Print) Patricia BRITTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1304 Riverside Drive Las Vegas, Nevada 89106			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Davis Memorial Park		19c. LOCATION City or Town State Las Vegas Nevada 89119	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DAVID BUNKER		20b. FUNERAL DIRECTOR LICENSE 10		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RIZWAN TOHKI MD		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) October 06, 2009		21c. HOUR OF DEATH 13:57		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) RIZWAN TOHKI MD 1800 W. Charleston Blvd Las Vegas NV 89102		23b. LICENSE NUMBER 11957		24a. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 07, 2009	
24b. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Cardiopulmonary arrest			
(a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(d)		Interval between onset and death			
28a. ACC., SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	
28g. LOCATION STREET OR R.F.D. No		28h. LOCATION CITY OR TOWN		28i. LOCATION STATE	

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the

State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED
SEAL OF THE SOUTHERN NEVADA
HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By:

Date Issued **NOV 06 2009**

SOUTHERN NEVADA HEALTH DISTRICT • 625 Shadow Lane P.O. Box 3902 • Las Vegas, Nevada 89127 • 702-759-1010 • Fax: 702-88-0151573

CERTIFICATE OF MAILING

It is hereby certified that on the 3rd day of December, 2009, I mailed a copy of the **SUGGESTION OF DEATH UPON THE RECORD** to all persons in this action in the United States Mail, postage pre-paid, addressed to their last known addresses on the attached matrix, and to the Trustee as follows:

Yvette Weinstein
Chapter 7 Trustee
6450 Spring Mountain Road, # 14
Las Vegas, Nevada 89146

United States Bankruptcy Court
300 Las Vegas Blvd. South
Las Vegas, Nevada 89101

/s/ Angela P. Ballard

An employee of LAW OFFICE OF
FRANK SORRENTINO

Label Matrix for local mailing
0978-2
Case 09-25973-lbr
District of Nevada
Las Vegas
Fri Nov 27 17:18:25 PST 2009

WELLS FARGO BANK, N.A.
C/O MCCALLA, RAYMER, LLC
1544 OLD ALABAMA ROAD
BANKRUPTCY DEPARTMENT
ROSWELL, GA 30076-2102

United States Bankruptcy Court
300 Las Vegas Blvd., South
Las Vegas, NV 89101-5833

AT&T
Acct No 2826
PO Box 8212
Aurora, IL 60572-8212

Aargon Agency Inc
Acct No 1896001798
3025 W Sahara Ave
Las Vegas, NV 89102-6094

Allied Collection Serv
Acct No 602116101
3080 S Durango Dr Ste 20
Las Vegas, NV 89117-9193

Anderson Crenshaw Asso
Acct No 556257
12801 N Central Expy Ste
Dallas, TX 75243-1716

Arrow Financial Services
Acct No 9540
5996 W. Touhy Ave.
Niles, IL 60714-4610

Bay Area Credit Serv
Acct No 75336229
50 Airport Parkway Suite 100
San Jose, CA 95110-1036

Cap One
Acct No 486236240758
Po Box 85520
Richmond, VA 23285-5520

(c)CAVALRY PORTFOLIO SERV
ACCT NO 12744819
7 SKYLINE DR STE 350
HAWTHORNE NY 10532-2162

Chase Bank Usa, Na
Acct No 436147190043
Po Box 15298
Wilmington, DE 19850-5298

Crd Prt Asso
Acct No 1286985995
One Galleria Tower
Dallas, TX 75240

Credit Protection Asso
Acct No 1286985833
13355 Noel Rd Ste 2100
Dallas, TX 75240-6837

Financial Asset Management
Acct No 2826
PO Box 451409
Atlanta, GA 31145-9409

GEMB/Lenscrafters
Acct No 9540
PO Box 981439
El Paso, TX 79998-1439

Gemb/Cara Credit
Acct No 601918034955
Po Box 981439
El Paso, TX 79998-1439

HC Processing Center
Acct No 3660
PO Box 829
Springdale, AR 72765-0829

Nevada Department of Taxation
555 E. Washington, Ste. #1300
Las Vegas, NV 89101-1046

Plusfour Inc.
Acct No PLS41320011905790
6345 S Pecos Rd Ste 212
Las Vegas, NV 89120-6224

Tate & Kirlin Assoc.
Acct No 9540
2810 Southampton Rd.
Philadelphia, PA 19154-1207

U.S. TRUSTEE - LV - 7
300 LAS VEGAS BOULEVARD, SO.
SUITE 4300
LAS VEGAS, NV 89101-5803

ANTHONY V. SORRENTINO
1118 E. CARSON AVE.
LAS VEGAS, NV 89101-5327

HELEN L. BRITTON
1304 RIVERSIDE DR.
LAS VEGAS, NV 89106-1421

YVETTE WEINSTEIN
6450 SPRING MTN RD #14
LAS VEGAS, NV 89146-8836

Addresses marked (c) above for the following entity/entities were corrected
as required by the USPS Locatable Address Conversion System (LACS).

Cavalry Portfolio Serv
Acct No 12744819
7 Skyline Dr Ste 3
Hawthorne, NY 10532

Case 09-25973-lbr

Doc 19

Entered 12/03/09 16:36:27

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End of Label Matrix
Mailable recipients 24
Bypassed recipients 0
Total 24